



**Seminole Nation of Oklahoma  
PO Box 1498  
Wewoka, OK 74884  
(405)257-7200  
Fax (405)257- 7209**

## **Higher Education Student Agreement**

1. All students are required to submit timely grade reports, as issued by the college or university, for each term funded to the scholarship office.
2. After notifying a student for not meeting academic requirements, they are placed on academic probation for the following academic term.
3. A student on academic probation must complete a minimum of 6 or more semester hours with a GPA of 2.25 which includes both the cumulative and term averages.
4. Student's failure to meet academic requirements shall result in suspension from the scholarship program.
5. Students suspended from the scholarship program shall not be considered for future funding until they have a cumulative GPA of 2.25.
6. Students receiving scholarship grants for two years shall provide an official transcript of his/her college work into this office for evaluation of the students' progress toward the completion of degree requirements.

When a student, pursuing a first time degree, cannot complete either a four or five year baccalaureate degree program, or students who cannot meet the associate degree requirements within two academic years, must submit transcripts of grades and program plans to this office for review. A determination about the student's eligibility for an extension to complete a degree will be made and notification sent. In no case shall the extension exceed one academic year beyond the program plan.

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Signature of Student

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Date



**Seminole Nation of Oklahoma  
Higher Education Office  
P.O. Box 1498  
Wewoka, OK 74884**

Dear Student:

Thank you for enquiring about the Seminole Nation BIA Higher Education Scholarship Grant. The Seminole Nation of Oklahoma reassumed the BIA Higher Education Scholarship Grant effective January 10, 2013. Students who have previously filled out BIA Scholarship forms last semester will need to complete the new Seminole Nation Scholarship forms and have them turned in by the February 28<sup>th</sup> 2013. We apologize for any inconvenience, however we need the information for our records. Forms that are not completely filled out will not be processed. Forms not returned by the deadline date will result in loss of funding. **NO EXCEPTIONS WILL BE MADE!**

All students are required to carry a minimum of six credit hours with a cumulative GPA of 2.25. Failure to maintain the minimum GPA will result in probation or suspension from the program until the required GPA is obtained.

**Eligibility Requirements**

- 1. Copy of Seminole Nation Tribal Membership Card**
- 2. Copy of CDIB**
- 3. Original Application**
- 4. Official Transcript (applicants who have college hours)**
- 5. High School Transcript (applicants with no college credit)**
- 6. Signed Privacy Statement and Authorization to Release Information**
- 7. Class Enrollment Schedule**
- 8. Financial Aid Form signed by Financial Aid Officer (if not already on file)**

**Scholarships Amount**

<b>Four year Colleges and Universities</b>	<b>Full Time</b> 12 hours - \$1000.00	<b>Part Time</b> 6 hours- \$500.00	\$2,000 max per academic year
<b>Junior College and Community Colleges</b>	<b>Full Time</b> 12 hours- \$800.00	<b>Part Time</b> 6 hours- \$400.00	\$1,600 max per academic year
<b>Trimester /Quarterly Students</b>	<b>Full Time</b> 12 hours-\$666.00	<b>Part Time</b> 6 hours-\$333.00	\$2,000 max per academic year
<b>Graduate School</b>	Books Only	Books Only	Up to \$1,000 per Semester

### **Selection Criteria**

Applications will not be returned but all will be reviewed on an individual basis and approved by the Higher Education Officer. An e-mail will be sent to the applicants notifying them about the status of their application.

### **Continued Funding**

Students who meet the academic requirements will be eligible for funding for up to ten semesters, fifteen trimesters or 150 hours (Whichever comes first).

### **Payment of Award**

The award payment will go directly to the college banking institution by direct deposit in the student's name. The Financial Aid Office disburses award funds to the student according to the disbursement policy of the school. Award funds are not to be used for repayment of loans. Awards are based on available funding.

### **Probation/Suspension**

Student's failure to meet the academic standards 2.25 cumulative GPA shall result in being placed on probation for one semester. If the minimum GPA is not achieved after this semester, they will be suspended from BIA scholarship funding. Students who are suspended will only be considered for funding if their Cumulative GPA is 2.25

### **Academic Year**

The term academic year for semester students will be from August to May. Trimester and quarterly students will be funded throughout the year on a prorated basis.

### **Deadline**

**February 28<sup>th</sup> 2013**

**Please return the documents to P.O. Box 1498 Wewoka, OK 74884**

**If you have any questions you may call 405-257-7200**

Return the completed form to:  
Seminole Nation of Oklahoma  
Higher Education Office  
P.O. Box 1498  
Wewoka, OK 74884

This application is for the 2013 \_\_\_\_\_ semester

***SEMINOLE NATION OF OKLAHOMA BIA SCHOLARSHIP GRANT***

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Social Security Number</b>
1. Name of Tribe: _____		2. Degree of Indian Blood: _____	
3. Address: _____			
Street	City	State	Zip Code
4. Phone #: _____		5. Alternative #: _____	
6. Date of Birth: _____		7. Gender: _____	
8. Name of High School: _____		9. Year Graduated: _____	
10. Name of College: _____			
11. College Address: _____			
Street	City	State	Zip Code
12. Classification: Freshman ____ Sophomore ____ Junior ____ Senior ____ Masters ____ Doctoral ____			
13. Major: _____		14. Minor: _____	
15. How many college credit hours will you be taking? _____		16. Expected Graduation Date: _____	
17. Occupation of profession you are preparing for? _____		18. Student ID # _____	

**Student E-mail Address:** \_\_\_\_\_

**Note:** All Seminole Nation correspondence will be sent to this e-mail address. This will ensure a more efficient process regarding the status of your application. Students will need to check their e-mail regularly to guarantee receipt of correspondence. ***\*If you do not have an e-mail address please specify above.***

**Student contract:** I hereby certify that the above information is true to the best of my knowledge and I declare that I will use any funds I receive under the Seminole Nation BIA Grant for expenses connected with attendance at the school listed above. I also agree to furnish grades for the previously funded term for program compliance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Requirements for Seminole Nation BIA Grant***

1. Original Application
2. Copy of CDIB
3. Copy of Seminole Nation Tribal Membership Card
4. Official Transcript (applicants who have college hours)
5. High School Transcript (applicants with no college credit)
6. Signed Privacy Statement and Authorization to Release Information
7. Enrollment Schedule
8. Financial Aid Form signed by Financial Aid Officer (if not already on file)

**Maximum funding for students will be 10 Semesters or 150 hours earned.**

**SCHOLARSHIPS ARE BASED ON AVAILABLE FUNDS**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Seminole Nation of Oklahoma Financial Aid Form**

**Part I – To Be Completed by Student**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Tribe: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ Years in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please send the necessary application for college administered financial aid. I give permission for the College/University to release financial and academic information to the Seminole Nation of Oklahoma. The Seminole Nation Education office will need financial aid information listed in Part II before any action be taken on the application. When all necessary information is on file in your office please complete and forward this form to:

Seminole Nation of Oklahoma

P.O. Box 1498

Wewoka, OK 74884

Phone # 405-257-7200

Fax # 405-257-7209

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student E-mail

**All Students are required to apply for other sources of funding available through the Financial Aid Office.**

**Part II – Must be completed by the Financial Aid Officer**

This student has applied to the Seminole Nation Higher Education Office for a scholarship. Verified financial need is requested through your office before any action can be taken on this application. Please complete and forward this form to the above address. Thank you for your assistance.

\_\_\_\_ Student has not applied for financial aid. Need cannot be determined.

\_\_\_\_ Student applied late; therefore will not be considered for funding.

\_\_\_\_ Student's application is incomplete and cannot be considered.

\_\_\_\_ Funds are exhausted at this institution.

Student considered: Independent \_\_\_\_\_ Dependent \_\_\_\_\_ School is on: Semester System \_\_\_\_\_ Quarter System \_\_\_\_\_

**COLLEGE BUDGET**

Tuition	\$ _____
Fees	\$ _____
Room/Board	\$ _____
Books	\$ _____
Travel	\$ _____
Misc.	\$ _____

**STUDENT RESOURCES AND INSTITUTIONAL AWARDS**

Parental Contribution	\$ _____	SEDG	\$ _____
Student Spouse Cont.	\$ _____	Pell Grant	\$ _____
AFDC Welfare	\$ _____	Perkins Loan	\$ _____
VA Benefits	\$ _____	Stafford Loan	\$ _____
Social Security	\$ _____	C.W.S.	\$ _____
State Grants	\$ _____	Vocation Rehabilitation	\$ _____
Native American Scholarships	\$ _____	Other Scholarships	\$ _____

**Total Cost**     \$ \_\_\_\_\_

**Total Resources**     \$ \_\_\_\_\_

Financial Aid Officer Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

Recommend Seminole Nation Award Student: \$ \_\_\_\_\_

Name and Address of College \_\_\_\_\_

**SCHOLARSHIPS ARE BASED ON**

**AVAILABILITY OF FUNDS**



**AUTHORIZATION TO RELEASE INFORMATION AND PRIVACY STATEMENT  
(PLEASE PRINT)**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I hereby authorize The Seminole Nation Higher Education Department to release my information to the following individual(s).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**STATEMENT ON PRIVACY (Allows Higher Education to send records and forms to colleges)**

The Seminole Nation of Oklahoma Higher Education program operates under the general authority of the 25 USC 13, 42 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 40, Administration of Education Loan, Grants and other assistance for Higher Education. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of the collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required by this office, specifically, the release of term grades and transcripts to The Seminole Nation Higher Education Office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education assistance under this program.

I have read the statement of privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I also understand that I must furnish the grades for the previous funded term for compliance before the next term award is processed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_